

Message Text

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DRAFTED BY: INT:JEDEYOUNG:DY

APPROVED BY: FRADEWAGEN:DIR OF TERRITORIAL AFFAIRS

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FM SECSTATE WASHDC

TO HICOMTERPACIS SAIPAN MARIANA ISLANDS

UNCLAS STATE 201185

E.O. 11652: N/A

TAGS: SNAR, TQ

SUBJ: APPLICATION FOR DRUG ADMINISTRATION

DOTA #0210

FOR DIRECTOR HEALTH SERVICES, REFERENCE YOUR APPLICATION TO DRUG ENFORCEMENT ADMINISTRATION, DEPARTMENT JUSTICE, FOR NARCOTIC REGISTRATION, YOUR SECOND APPLICATION COULD NOT BE PROCESSED SINCE IT ALSO NOT PROPERLY FILLED OUT. NEW FORMS ARE BEING SENT TO YOU BY DRUG ENFORCEMENT ADMINISTRATION. PLEASE REVIEW FORMS CAREFULLY. IF YOU ARE REGISTERING AS HOSPITAL OR CLINIC IT IS NOT NECESSARY TO FILL IN BLANK WHICH ASKS FOR NAME. HOSPITAL OR CLINIC REGISTRATION FORM NEEDS ONLY TO BE SIGNED BY DIRECTOR HEALTH SERVICES AND COUNTERSIGNED BY HIGH COMMISSIONER. IF ON OTHER HAND YOU ARE REGISTERING AS DIRECTOR OF HEALTH SERVICES THEN INSERT YOUR NAME IN THE BLANK THAT CALLS FOR THE DESIGNATION. DO NOT REPEAT DO NOT USE THE PHRASE MEDICAL PRACTITIONER AS YOU HAVE DONE IN TWO PREVIOUS SUBMISSIONS. A SPECIFIC NAME OF AN INDIVIDUAL MUST BE USED NOT A GENERIC TERM. SIGNED DIRECTOR OF TERRITORIAL AFFAIRS. KISSINGER

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